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Attorney Docket No.: 5434-16

Check box if applicable: ☐ DUPLICATE



## UTILITY PATENT APPLICATION TRANSMITTAL

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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dated: January 29, 2004

Mail Stop **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Tom M. MINER, Peter HARTL, Angelika CHRISTOPH

For: Intravenous Delivery System

Enclosed are:

- Transmittal letter (2x) with Fee Computation Sheet
- General Authorization For Payment of Fees (2x)
- Title Page, Specification, Claims 1 to 51 & Abstract (42 pages [total number of pages of application])
- Unexecuted Declaration and Power of Attorney (3 p.)
- 5 sheet(s) of drawing(s) (Figs. 1 to 4)
- Check for \$ 1586 for filing fee
- Return Receipt Postcard

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

☒ Any additional filing fees required under 37 CFR 1.16.

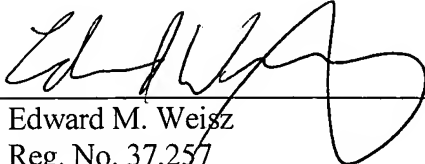
☒ Any patent application processing fees under 37 CFR 1.17

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☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By:   
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Attorney Docket No.: **5434-16****FILING FEE COMPUTATION SHEET***Submit an original and a duplicate for fee processing*

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 Alexandria, VA 22313-1450

In re Application of: **Tom M. MINER et al.**  
 For: **Intravenous Delivery System**

The filing fee has been calculated as shown below:

| FOR:                                                                       | Col. 1           | Col. 2    | SMALL ENTITY | OTHER THAN<br>SMALL ENTITY |
|----------------------------------------------------------------------------|------------------|-----------|--------------|----------------------------|
|                                                                            | # FILED          | # EXTRA   |              |                            |
| BASIC FEE                                                                  |                  |           | <b>\$385</b> | <b>\$770</b>               |
| TOTAL CLAIMS                                                               | <u>51</u> - 20 = | <u>31</u> | x 9 = \$     | x 18 = <b>\$558</b>        |
| INDEPENDENT<br>CLAIMS                                                      | <u>6</u> - 3 =   | <u>3</u>  | x 43 = \$    | x 86 = <b>\$258</b>        |
| <input type="checkbox"/> MULTIPLE<br>DEPENDENCY                            |                  |           | +\$145 = \$  | +290 \$                    |
| * If the difference in<br>Col. 1 is less than zero,<br>enter "0" in Col. 2 |                  |           | TOTAL: \$    | <b>\$1586</b>              |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Tom M. MINER et al.

Serial No.: n/a

Filed: concurrently

For: Intravenous Delivery System

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME**  
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**Mail Stop Patent Application**

Commissioner for Patents

P.O. Box 1450

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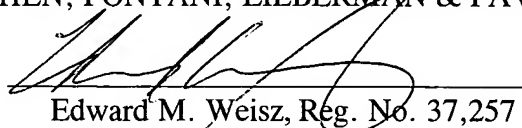
Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- [X] Any filing fees required under 37 CFR §1.16.
- [X] Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- [X] The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- [X] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

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